DOCUMENT RESUME

ED 477 947 PS 031 349

AUTHOR	Irish, Kate; Schumacher, Rachel; Lombardi, Joan
TITLE	Serving America's Youngest: A Snapshot of Early Head Start Children, Families, Teachers and Programs in 2002. Head Start Series, CLASP Policy Brief.
INSTITUTION	Center for Law and Social Policy, Washington, DC.
SPONS AGENCY	A.L. Mailman Family Foundation, Inc.
REPORT NO	No-3
PUB DATE	2003-06-00
NOTE	9p.
AVAILABLE FROM	Center for Law and Social Policy, 1015 15th Street, NW, Suite 400, Washington, DC 20005. Tel: 202-906-8000; Fax: 202-842-2885; Web site: http://www.clasp.org. For full text: http://www.clasp.org/DMS/Documents/1056552655.59/HS_brief3.pdf.
PUB TYPE	Reports - Descriptive (141)
EDRS PRICE	EDRS Price MF01/PC01 Plus Postage.
DESCRIPTORS	Childhood Needs; *Client Characteristics (Human Services); Early Childhood Education; *Early Intervention; Family Characteristics; Family Needs; Home Visits; Preschool Teachers; Program Descriptions; *Public Policy; Teacher Qualifications
IDENTIFIERS	*Early Head Start; Project Head Start; Reauthorization Legislation

ABSTRACT

As Congress is scheduled to reauthorize the entire Head Start program in 2003, it is important to understand more about Early Head Start and the children and families the program serves. This policy brief, third in a series analyzing Head Start Program Information Report (PIR) data, synthesizes Early Head Start data from the most recently available program year, 2001-2002. The brief describes the unique features of the Early Head Start program, which serves low-income infants, toddlers, and pregnant women, and places them within the context of the overall Head Start program. Among the main findings is that most Early Head Start families have working parents, with only 28 percent receiving welfare cash assistance. In 77 percent of Early Head Start families, neither parent had more than a high school diploma or GED, and 20 percent had at least 1 parent enrolled in an education or training program. About half the children had full-day or full-year child care needs, with the majority receiving such care through Early Head Start programs. Most Early Head Start services were available through center-based or home-based programs, with home-based services more prevalent than in Head Start programs. Individual Early Head Start programs often worked in partnership with community child care providers. Slightly over one-third of Early Head Start teachers and over one-half of the home visitors held at least an associate's degree in early childhood education or a related field. (Contains 14 endnotes.) (KB)

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POLICY BRIEF

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TO THE EDUCATIONAL RESOURCES INFORMATION CENTER (ERIC)

June 2003
Brief No. 3

Serving America's Youngest:
A Snapshot of Early Head Start Children, Families, Teachers, and Programs in 2002

By Kate Irish, Rachel Schumacher, and Joan Lombardi

The Head Start program, created in 1965, delivers early education and support services to low-income preschool children and their families. While Head Start primarily serves low-income preschool children ages 3-5, the Early Head Start program, created in 1995, serves low-income infants and toddlers (birth to age three) and pregnant women. Early Head Start programs must adhere to the Head Start Performance Standards, which have been revised to address services designed for infants and toddlers and pregnant women. With Congress scheduled to reauthorize the entire Head Start program in 2003, it is important to understand more about Early Head Start and the children and families it serves.

In this brief, CLASP synthesizes Early Head Start data from the most recently available program year, 2001-2002. The data are from Program Information Reports (PIR) submitted to the U.S. Department of Health and Human Services (HHS) by all Head Start programs.[1] CLASP's first two policy briefs on PIR data were snapshots of the entire Head Start Program, encompassing both the preschool program and Early Head Start, for 1997/2001 and 2002. This brief offers the first detailed examination of 2002 PIR Early Head Start data, describing the unique features of the program and placing them in the context of the overall Head Start program. Some of the main findings are:

- Most Early Head Start families (62 percent) have working parents, with just over one-quarter in receipt of welfare cash assistance (28 percent).
- In about three-quarters of Early Head Start families (77 percent), neither parent had more than a high school diploma or GED, and one-fifth of the families had one or both parents enrolled in an education or training program.
- About half of the children (55 percent) had full-day and/or full-year child care needs, and the majority of these children (72 percent) had these child care needs met through Early Head Start programs.
- Most Early Head Start services were available through one of two program types: center-based care (46 percent) or a home-based program (43 percent). The home-based option is much more prevalent in the Early Head Start program than in the Head Start program (5 percent).
- Early Head Start programs often work in partnership with community child care providers, with nearly one-quarter (24 percent) of all center-based classes operated through a partnership with a child care center.
- While the Head Start program as a whole met a Congressional mandate that 50 percent of center-based teachers hold at least an associate's degree in early

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Kate Irish is a Research Assistant and Rachel Schumacher is a Senior Policy Analyst at the Center for Law and Social Policy. Joan Lombardi is an advisor for CLASP.

ABOUT THIS SERIES

This policy brief is the third of a series of analyses of Head Start Program Information Report (PIR) data by CLASP. The first two briefs, which are available at www.clasp.org, examined data on the entire Head Start program. This policy brief offers the first detailed examination of Early Head Start PIR data.

It was made possible by a grant from the A.L. Mailman Family Foundation.

PS 031349

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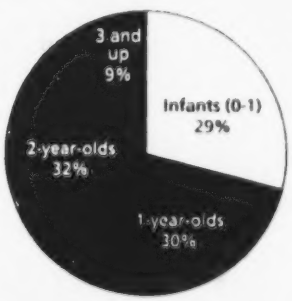
childhood education or a related field by 2003, Early Head Start teachers in 2002 had not yet achieved that goal (36 percent). However, because the home-based model serves a similar share of Early Head Start children as the center-based model, it is important to note that over one-half (59 percent) of Early Head Start home visitors held an associate's degree, bachelor's degree, or graduate degree in 2002.[2]

Early Head Start Children and Pregnant Women

The Early Head Start program serves primarily low-income children from birth through age three and pregnant women. Over the course of the 2002 program year, 60,663 young children and 7,669 pregnant women were served through Early Head Start, making up 7 percent of the total Head Start population.[3] The age breakdown of children served was split about evenly between infants, one-year-olds, and two-year-olds (see Figure 1). A small portion of children served were preschoolers aged three and up. Just over one-third of children (37 percent) were in the program for their second or third year. Twenty-eight percent of children left the program in 2002, but 90 percent were replaced by other children that same program year.

FIGURE 1

Age of Children in Early Head Start Program, Program Year 2002



The Early Head Start population is diverse: 35 percent white, 27 percent black or African American, and 25 percent Hispanic or Latino. The remaining children and pregnant women were American Indian or Alaskan Native (4 percent), bi-racial or multi-racial (4 percent), Asian (1 percent), and Hawaiian or other Pacific Islander (1 percent). The primary language of 80 percent of Early Head Start children and pregnant women was English, while Spanish was the primary language for 17 percent and Far Eastern Asian languages for 1 percent. A handful of other languages accounted for less than 2 percent.

FIGURE 2

Medical Screenings, Treatment, and Services for Early Head Start Children, Program Year 2002

Percentage of Early Head Start children receiving medical screening	81% (49,404)
Percent diagnosed as needing treatment, of those screened	23% (11,370)
Early Head Start children receiving follow-up services, of those needing treatment	93% (10,543)
Conditions for which services were provided*:	
Asthma	33%
Anemia	15%
Hearing difficulties	12%
Overweight	9%
Vision problems	7%

**Note: The PIR survey only captures the services listed in this chart. There is also an 'Other' category that accounts for 24% of the children receiving services, but there is no indication of what services are included in this category.*

Early Head Start programs are required to provide health screenings to children and to work with parents to arrange for any needed follow-up treatment or immunizations. Head Start Program Performance Standards require that children be screened for developmental, sensory, and behavioral concerns within 45 calendar days of enrollment.[4] In 2002, 81 percent[5] of Early Head Start children were screened for medical conditions, and almost one-quarter (23 percent) of screened children were diagnosed as needing treatment (see Figure 2). Of those children diagnosed as needing treatment, 93 percent received services for a variety of conditions, including asthma, anemia, and hearing difficulties. Over half of Early Head Start children (57 percent) received dental screenings as part of well-baby examinations, and 26 percent of all Early Head Start children received dental exams. Eighty-nine percent

of children had had all immunizations appropriate for their age, or as many as were possible.[6]

The Head Start Act requires that at least 10 percent of the total number of enrollment opportunities be available to children with disabilities.[7] In 2002, 13 percent of Early Head Start children were determined to have a disability or developmental delay. Eighty-two percent of those children received special services through collaboration and coordination with services delivered under Part C of the Individuals with Disabilities Education Act (IDEA).[8]

A great majority of Early Head Start children (92 percent) were enrolled in health insurance programs and plans, most commonly through Medicaid or the Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program (67 percent), private insurance (9 percent), a state Child Health Insurance Program (CHIP) (7 percent), or a combined CHIP/Medicaid program (7 percent).

In addition to providing services to young children, Early Head Start provides comprehensive services to expectant families. Pregnant women made up 11 percent of the Early Head Start population, with almost one-quarter of those women under the age of 18. Nearly one-quarter of the pregnant women were identified as having medically "high-risk" pregnancies. Upon enrollment, pregnant women receive help in accessing specialized health services, including prenatal and postpartum health care and mental health interventions (see Figure 3). In addition, the program provides prenatal education and information on breastfeeding.

FIGURE 3

Pregnant Women Enrolled in Early Head Start, Program Year 2002

Enrollment of pregnant women in Early Head Start	7,669
Percent of pregnant women enrolled under the age of 18	23%
Pregnant women whose pregnancies were identified as medically "high risk"	24%
Health services received by pregnant women:	
Prenatal and postpartum health care	94%
Prenatal education on fetal development	92%
Information on benefits of breastfeeding	92%
Mental health interventions	78%

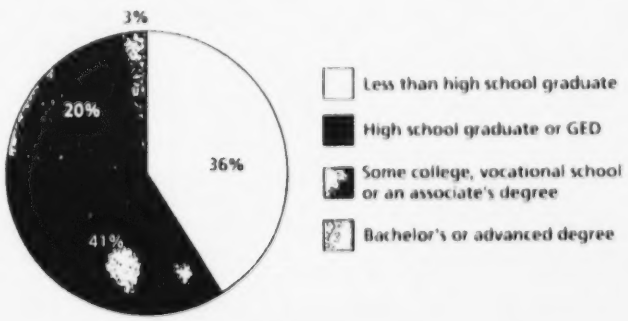
Early Head Start Families

In 2002, 54,353 families were enrolled in Early Head Start. Sixty percent of these families were single-parent or single-caregiver families. In about three-quarters of Early Head Start families (77 percent), neither parent had more than a high school degree or general equivalency degree (GED) (see Figure 4).

At least 90 percent of Early Head Start enrollment must be made up of low-income families, defined as those families with incomes at or below the federal poverty level, families receiving public assistance, or children in foster care. The great majority of Early Head Start children (94 percent) were enrolled because their families had earnings that fell below the federal poverty level (71 percent) or were recipients

FIGURE 4

Highest Level of Education Obtained by Early Head Start Parents, Program Year 2002



of public assistance (23 percent). In 2002, the poverty guideline for a family of four was $18,100.

Early Head Start was designed during a period of increasing attention to welfare reform and growing labor force participation by low-income women, and it includes a mandate to support parents in their efforts to become self-sufficient.[9] Like Head Start families overall, the majority of Early Head Start families (62 percent) had one or both parents employed (see Figure 5). However, Early Head Start families were more likely to be receiving Temporary Assistance for Needy Families (TANF) than Head Start families—28 percent compared to 21 percent. Children in Early Head Start had greater full-day and/or full-year child care needs than did older Head Start children—55 percent compared with 44 percent.

In 2002, PIR data indicate that Early Head Start had met a significant proportion of the full-day child care needs of working parents. Of the children who needed full-day and/or full-year care (55 percent), the majority (72 percent) received this care through Early Head Start and partnering child care providers (see Figure 6). The children who did not receive full-day care through Early Head Start received care in other settings as well, including other child care center providers, at home or in another home with a relative or unrelated caregiver, or in a family child care home.

Early Head Start provides participating low-income families with support services and referrals to community services. Programs also create ongoing opportunities for

FIGURE 5

Early Head Start and Head Start Parent Employment, Need for Child Care, and Family TANF Receipt, Program Year 2002

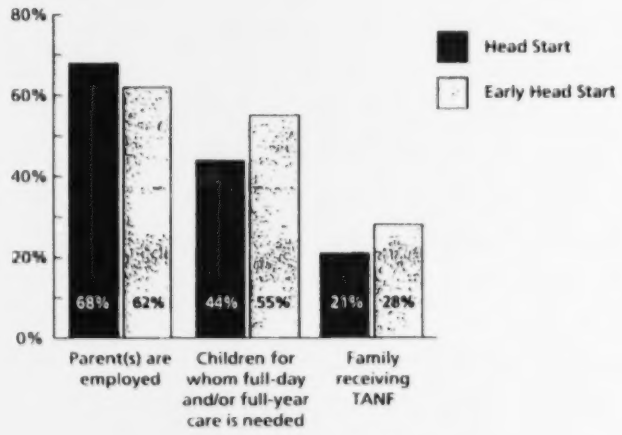
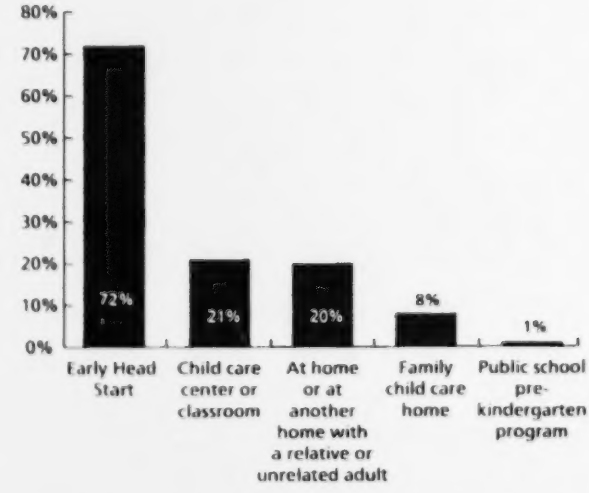


FIGURE 6

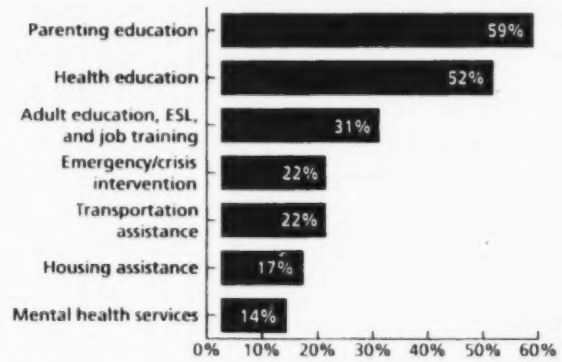
The Care Arrangements of Early Head Start Children Who Needed Full-day, Full-year Care, Program Year 2002



Note: The percentages add up to more than 100 percent because children may have been in more than one care arrangement.

FIGURE 7

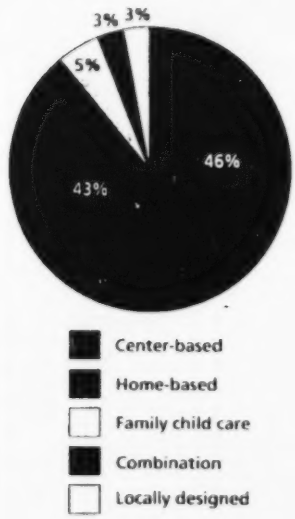
Family Services Most Often Received by Early Head Start Families, Program Year 2002



Note: ESL = English as a Second Language

FIGURE 8

Type of Early Head Start Program by Funded Child Enrollment, Program Year 2002



parental involvement by working in partnership with families to help them to reach their goals and by providing volunteer opportunities. The most common services received by families in 2002 were parenting education; health education; adult education, job training, and English as a Second Language (ESL) training; emergency/crisis intervention; transportation assistance; housing assistance; and mental health services (see Figure 7).

Early Head Start Teachers, Home Visitors, and Programs

Early Head Start providers may deliver services through several different program options, including center-based care, a home-based option in which families are supported through weekly home visits and group socialization experiences, locally designed program models, and a combination option with a mix of center-based and home-based care.[10] In 2002, most Early Head Start services (89 percent) were available in center-based care and home-based programs, with about an even distribution between them (see Figure 8).[11] The remaining services were offered through other program types. The home-based option is much more prevalent in the Early Head Start program than in the Head Start program, where it accounted for only 5 percent of funded enrollment in 2002. The Head Start program was largely delivered through center-based programs (93 percent).

Early Head Start collaborates with other community child care providers as another way to meet the part- and full-day child care needs of families. In these collaborations, Early Head Start assumes responsibility for ensuring that all settings meet Head Start Performance Standards. In 2002, nearly one-quarter (24 percent) of all center-based Early Head Start classes operated through a child care center partnership. Additionally, just under one-quarter (22 percent) of Early Head Start teachers were staff at partnering child care centers.

In 2002, 36 percent of Early Head Start teachers had an associate's, bachelor's, or advanced degree, and 33 percent had a Child Development Associate (CDA) credential.[12] Of the teachers without degrees (including those with CDA credentials), 35 percent were enrolled in an early childhood education or related degree program and nearly one-quarter (23 percent) were in a CDA credential or equivalent training program. The average annual salary for Early Head Start teachers with at least a CDA credential

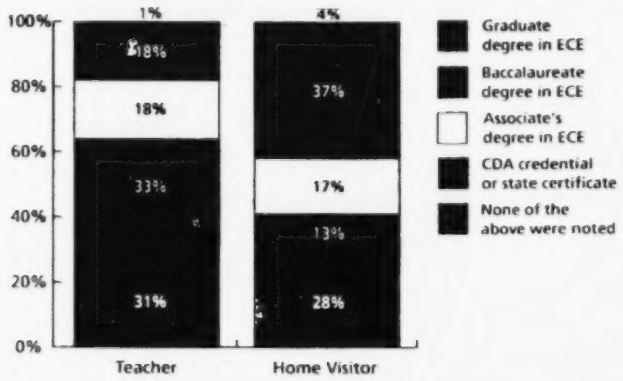
ranged from $19,158 for a teacher with a CDA credential or equivalent to $27,240 for a teacher with a graduate degree in Early Childhood Education or a related field. In 2002, teacher turnover was higher in Early Head Start than in Head Start—18 percent versus 11 percent. Nineteen percent of these teacher vacancies in Early Head Start remained unfilled for three months or longer.

In an effort to improve teacher quality, Congress mandated that 50 percent of Head Start teachers in center-based programs attain at least an associate's degree in early childhood education or a related field by September 2003. While center-based Head Start teachers as a whole have met this mandate, fewer of the Early Head Start center-based teachers (36 percent) did.[13] However, 59 percent of home visitors in Early Head Start had at least an associate's degree in 2002 (see Figure 9). Since Early Head Start services are more evenly divided between center-based and home-based programs, programs rely much more on home visiting staff to provide services to young children. Home visitors make up a larger percentage of Early Head Start staff (11 percent) than Head Start staff (2 percent).

The ethnic and racial background of Early Head Start child development staff reflected the diversity of the children served in 2002, with 42 percent of child development staff being white, 27 percent black or African American, 21 percent Hispanic or Latino, 3 percent American Indian or Alaska Native, 2 percent Asian, 1 percent Native Hawaiian or other Pacific Islander, 1 percent bi-racial or multi-racial, and the remaining "other" or unspecified. Twenty-three percent of child development staff were proficient in a language other than English, which is comparable to the percentage of Early Head Start children who spoke a primary language other than English.[14]

FIGURE 9

Early Head Start Teacher and Home Visitor Education Qualifications, Program Year 2002



Note: ECE = Early Childhood Education, CDA = Child Development Associate

Conclusion

Most Early Head Start families are low-income, working families with no more than a high school education. Over half of the infants and toddlers in Early Head Start need full-day and/or full-year care, and most of this care was provided through Early Head Start and collaborations with community child care providers. Early Head Start provides a higher proportion of services through home-based programs than does Head Start, reflecting a focus on very young children. These young children and their families receive an array of comprehensive services directly from the program and through referrals to community organizations. Pregnant women, who make up a small portion of the program, are linked with health services, prenatal education, and other services. With Congress scheduled to reauthorize the entire Head Start Program this year, the 2002 PIR data provide useful contextual information about Early Head Start and the young children and families it serves.

Endnotes

1 Data from U.S. Department of Health and Human Services, Head Start Bureau, Head Start Program Information Reports, 2001-2002. These data are for the Head Start program years running from September to August, not for the federal fiscal years of October to September. Therefore, they may differ from calculations posted by the Head Start Bureau in the annual Head Start Statistics Fact Sheet. This brief includes only a subset of the PIR data; for more details please visit the CLASP website: http://www.clasp.org.

2 Home visitors work with parents in home-based programs to provide comprehensive services to children and families through home visits and group socialization activities.

3 The PIR collects data on all children and pregnant women who participated in the program at any point in the year, including those who may not have completed the year, and so this figure is not simply the number of funded slots in the program. Note that the 2002 PIR collected information on the number of pregnant women for the first time.

4 Head Start Performance Standards. 45 CFR 1304.20(b)(1) CLASP's calculations of the percentages of children who received medical screenings, dental exams, and immunizations or were referred to mental health specialists may slightly under-represent the percentage of children who received these services because there is no way to adjust the figures to exclude those children who dropped out of Head Start within the first 45 calendar days.

5 Note that this number includes children who left the program in the first 45 days of enrollment, which may have been prior to the day the program screened children.

6 Children who have all the immunizations allowable at a certain point are those who are not on the schedule recommended for their age group but have been brought up to date to the maximum extent they can be given the late start on their immunization schedule.

7 Head Start Act, Sec. 640(d).

8 IDEA's Part C supports developmental services for infants and toddlers under age 3 and their families; infants and toddlers are eligible for Part C services if they have a developmental delay, have a physical or mental condition with a high probability of resulting in a developmental delay, or, in some states, are at risk of developmental delay.

9 Head Start Act, 42 USC 9840(A), Sec. 645A.

10 Head Start Performance Standards, 45 CFR 1306.31

11 These figures are based on funded enrollment, meaning the number of children that grantees are funded to serve in a program year, rather than on actual child enrollment, which includes all the children who are served in a year, even when more than one child is served in a slot due to turnover. Also, the data on program types offered do not indicate whether these program options were full-year—that is, operating during school vacation periods and summer months.

12 For staff with no degree or CDA credential indicated, CLASP calculated the 'none of the above were noted' category using Head Start PIR data.

13 The Early Head Start program has a higher proportion of teachers per enrolled children than Head Start because the children are younger; the teacher to child ratio is 1-to-4 in Early Head Start as compared to 1-to-17 (plus an assistant teacher) for Head Start.

14 No further information is available on exactly what other languages besides English Head Start staff speak.

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POLICY BRIEF

Head Start Series

June 2003
Brief No. 3

ABOUT CLASP

The Center for Law and Social Policy (CLASP), a national nonprofit organization founded in 1968, conducts research, legal and policy analysis, technical assistance, and advocacy related to economic security for low-income families with children.

CLASP's child care and early education work focuses on promoting policies that support both child development and the needs of low-income working parents and on expanding the availability of resources for child care and early education initiatives. CLASP examines the impact of welfare reform on child care needs; studies the relationships between child care subsidy systems, the Head Start Program, pre-kindergarten efforts, and other early education initiatives; and explores how these systems can be responsive to the developmental needs of all children, including children with disabilities.

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Head Start Series, No. 3

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